

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002976-

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 155

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) Huntsville		c. CITY OR TOWN Huntsville	
Length of stay in 1b Don't know		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Clay Street		d. STREET ADDRESS (If outside, give location) East Clay Street	
3. NAME OF DECEASED (Type or print) Nellie Penny Humphrey		4. DATE OF DEATH Month January Day 10 Year 1963	
5. SEX female	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-8-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (City and state or country) Randolph Co., Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Frank Kirby		13b. MOTHER'S MAIDEN NAME Sally Diggs	
14. NAME OF HUSBAND OR WIFE Sam Humphrey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Mollie Langhorn: Huntsville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Autopsy Analysis DUE TO (b) Cerebral Thrombosis DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 day 4 days 9
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Debility			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) E	
20c. TIME OF INJURY Hour 11:25 A.M. Month, Day, Year Jan 10, 1963			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Huntsville, Missouri	
21. I attended the deceased from 1960 to Jan 10, 1963 and last saw her alive on Jan 9, 1963 Death occurred at 11:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. C. Copley M.D.		22b. ADDRESS Huntsville, Mo	
22c. DATE SIGNED 1-11-63		23. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-12-1963	
23c. LOCATION (City, town, or county) Huntsville, Missouri		23d. LOCATION (City, town, or county) Huntsville, Missouri	
24. FUNERAL DIRECTOR T. B. Patton		25. DATE RECD. BY LOCAL REG. 1-14-1963	
26. REGISTRAR'S SIGNATURE Olanna Patterson		27. REGISTRAR'S SIGNATURE Olanna Patterson	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3001-21-1

Issued